

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H39288** (6)  
1. Corporation Name  
**THE CONNECTION, A TELEMARKETING COMPANY**

Principal Place of Business  
**677 GEORGE KING BLVD., STE 109  
CAPE CANAVERAL FL 32920**

Mailing Address  
**677 GEORGE KING BLVD., STE 109  
CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                              |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/23/1985</b>                                                                                                       | 3a. Date of Last Report<br><b>01/20/1994</b> |
| 4. FEI Number<br><b>59-2540866</b>                                                                                                                           | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                    | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                              | <b>\$5.00</b> May Be Added to Fees           |
| 8. Has corporation ever been delinquent in filing its annual report?<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21. State, Apt. # etc.         | 26. State, Apt. # etc. |
| 22. City & State               | 27. City & State       |
| 23. City & State               | 28. City & State       |
| 24. City & State               | 29. City & State       |
| 25. City & State               | 30. City & State       |

9. Name and Address of Current Registered Agent

**BROOKS, KIRBY V., JR.  
677 GEORGE KING BLVD., STE. 109  
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (if C) Box Number is Not Acceptable  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2), and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the application of Section 607.06(2), Florida Statutes.

SIGNATURE \_\_\_\_\_  
By \_\_\_\_\_, Secretary of State, in and to the effect that the above named corporation is authorized to change its registered office or registered agent, or both, in the State of Florida.

| 12. OFFICERS AND DIRECTORS |                                                                           | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN: |                                                                   |
|----------------------------|---------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME                    | PD<br>BROOKS, KIRBY V., JR.<br>677 GEORGE KING BLVD.<br>CAPE CANAVERAL FL | 1. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    | V<br>ORENSTEIN, MORTON B.<br>677 GEORGE KING BLVD.<br>CAPE CANAVERAL FL   | 2. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME                    | ST<br>MACDONALD, GEORGE<br>677 GEORGE KING BLVD.<br>CAPE CANAVERAL FL     | 3. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME                    |                                                                           | 4. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME                    |                                                                           | 5. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                                                           | 6. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME                    |                                                                           | 7. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME                    |                                                                           | 8. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. NAME                    |                                                                           | 9. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                                                           | 10. NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information contained with this filing is voluntarily furnished, and does not qualify for the exemption stated in Sections 607.06(2)(b) Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee commissioned to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**George Macdonald V.P. 5/1/95**  
201-725-8080